## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT #
1. Corporation Name N18178

(6)

CITIZENC	<b>AGAINST</b>	DDIIG	ADITIOE	INIC
UHIZENƏ	AGAINST	UNUU	ABUSE.	INL.

Principal Pia	ZENS AGAINST DRUG ABUS  Ince of Business E. NAYLOR  863	Mailing Address  # JOHN E. NAYLOR P.O. BOX 863					
PALATKA FL 32177		PALATKA FL 32177		3. Date Incorporated or Qualified 12/10/1986	3a. Date of Last Repor 01/23/1995	1	
2. Principal 21	Place of Business	2a. Mailing Address 26			4. FEI Number 59-2754751	Applied	
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.	<del></del>		Certificate of Status Desired	□ \$8.75 Addi	
22   City 8 Sta	ate	City & State	<del></del>		Election Campaign Financing	Fee Requir	
23] Zip	Country	28 Zip	Countr	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fi	ees
24]	25	29	30	y 	This corporation has liability for in Florida Statutes	tangitile tax under s. 199.0 ] Yes □ No	<i>1</i> 32,
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered Agent	
			81	Name			
	Jimmy I. Eleventh Street		82	Street Addr	ess (P.O. Box Number is Not Acceptable	)	
	TKA FL 32077		83	<u>.</u>			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11011 E 02011			1 62.			
			84	"		FL  85   Zip Code	
familiar	with, and accept the obligations of, Se	orida. Such chande was authonze	s, the above ed by the cor	-named corpor poration's boar	ation submits this statement for the purp of of directors. I hereby accept the appoi	ose of changing its register ntment as registered agent	red office ;. I am
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable (NOT	L: Registered Age	ent signatura required	d when reinstating)	DATE	<del></del>
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN	12
TITLE	PD	DELETE	1.1 TITLE			Change /	Addition
NAME CECCEZ ADODEO	WALKER, E.L.		1.2 NAME				
STREET ADDRES CITY-ST-ZIP	2202 LAUREL STREET PALATKA FL			ET ADDRESS			
TITLE	VD	DELFTE	1.4 CITY- 2 1 TITLE	SI-ZIP		Change D	Addition
NAME	MIKELL, JOHN L.		2.2 NAME				, Katalon
STREET ADDRES			2 3 STREE	T ADDRESS			
CITY - ST - ZIP	PALATKA FL		2 4 CITY	-ST-ZIP			
TITLE	TD	DELETE	3 1 TITLE			Change /	Addition
NAME	NAYLOR, JOHN		32 NAME				
STREET ADDRES	0.000,000,000			T ADDRESS			
CITY - ST - ZIP THUF	PALATKA FL D	DELETE	3.4. CITY			Change D	Addition
NAME	HILL, JIMMY	Detter	4 2 NAM				NUMBER
STREET ADDRES				T ADDRESS			
CITY-ST-ZIP	PALATKA FL		4.4 CITY-				
TITLE	SD	DELETE	5 1 TITLE			☐ Change ☐ /	Addition .
NAME	THEIS, DAN B.		5 2 NAME			<del></del>	
STREET ACORES			5 3 STREE	T ADDRESS			
CHTY - ST - ZIP	PALATKA FL	——————————————————————————————————————	54 CITY-	ST-ZIP			
TITLE	D DOUGLAG TAVIOR	DELETE	61 TITLE			Change :	Addition
NAME CIDICI ADDRES	DOUGLAS, TAYLOR		62 NAME				
STREET ADDRES	s   1800 Highway 19 North Palatka Fl			T ADDRESS			
14. I do her	reby certify that the information supplier	d with this filing is voluntarily furni-	64 CITY- shed and do	es not qualify for	or the exemption stated in Section 119.0	7/3V/k) Florida Statutas 14	urthor
certify ti	nat the information indicated on this an lat I am an officer or director of the con s in Block 12 or Block 13,// changed, o	inual report or supplemental annu	ual repont is ti	rue and accura	te and that my signature shall have the s s report as required by Chapter 617, Flo	ame lenal effect se if made	undor

(904) 328-6761